

FILED FEB 28 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **47718**

BIRTH NO. _____ REG. DIST. NO. **107** PRIMARY REG. DIST. NO. **3019** Registrar's No. **47**

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY Dunklin	
b. CITY OR TOWN Kennett		c. CITY OR TOWN Kennett	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 3 Days		e. STREET ADDRESS (If rural, give location) 4 mi East of Kennett	
d. FULL NAME OF HOSPITAL OR INSTITUTION Dunklin Co. Memorial Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Franklin c. (Last) Yeats			4. DATE OF DEATH (Month) (Day) (Year) Nov. 30, 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 11, 1887	9. AGE (in years last birthday) 70	# UNDER 1 YEAR Days _____ # UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Mt. Vernon Ind.	
13a. FATHER'S NAME John Yeats		13b. MOTHER'S MAIDEN NAME Julia Jarrett		14. NAME OF HUSBAND OR WIFE No Wife	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Louis Yeats ADDRESS Kennett, Mo. Rt. _____	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure		INTERVAL BETWEEN ONSET AND DEATH 3 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerotic heart disease		
	DUE TO (c) Exposure		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		1 week	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4200	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from **NOV 27, 1957** to **NOV 30, 1957**, that I last saw the deceased alive on **NOV 30, 1957**, and that death occurred at **7:40 a.m.** from the causes and on the date stated above.

23a. SIGNATURE Doctor R. Peck MD (Degree or title)		23b. ADDRESS Kennett, Mo.		23c. DATE SIGNED 2-14-58	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/1/57		24c. NAME OF CEMETERY OR CREMATORY Starr Hill	
24d. LOCATION (City, town, or county) (State) Clarkton, Mo.					

DATE REC'D BY LOCAL REG. 2-21-58		REGISTRAR'S SIGNATURE Carl Husband		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McDaniel Funeral Service, Semath, Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Peck

90-1

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 2-24-58
COUNTY FILE NUMBER 258

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Hubert B. Baird*
Licensed Embalmer No. 4988
P. O. Address *Emmett MO*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.